State Activities on Telehealth Policy

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National Association of Insurance Commissioners

Mei Wa Kwong, JD,
Executive Director, CCHP

CENTER FOR CONNECTED HEALTH POLICY (CCHP)
is a non-profit, non-partisan organization that seeks to advance state and national telehealth policy to promote improvements in health systems and greater health equity.
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• Always consult with legal counsel.
• CCHP has no relevant financial interest, arrangement, or affiliation with any organizations related to commercial products or services discussed in this program.
ABOUT CCHP

• Established in 2009 as a program under the Public Health Institute
• Became federally designated national telehealth policy resource center in 2012 through a grant from HRSA
• Work with a variety of funders and partners on the state and federal levels
• Administrator National Consortium of Telehealth Resource Centers
• Convener for California Telehealth Policy Coalition
# Telehealth Policy Changes in COVID-19

## Federal

<table>
<thead>
<tr>
<th>Medicare Issue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Geographic Limit</td>
<td>Waived</td>
</tr>
<tr>
<td>Site limitation</td>
<td>Waived</td>
</tr>
<tr>
<td>Provider List</td>
<td>Expanded</td>
</tr>
<tr>
<td>Services Eligible</td>
<td>Added additional 80 codes</td>
</tr>
<tr>
<td>Visit limits</td>
<td>Waived certain limits</td>
</tr>
<tr>
<td>Modality</td>
<td>Live Video, Phone, some srvs</td>
</tr>
<tr>
<td>Supervision requirements</td>
<td>Relaxed some</td>
</tr>
<tr>
<td>Licensing</td>
<td>Relaxed requirements</td>
</tr>
<tr>
<td>Tech-Enabled/Comm-Based (not considered telehealth, but uses telehealth technology)</td>
<td>More codes eligible for phone &amp; allowed PTs/OTs/SLPs &amp; other use</td>
</tr>
</tbody>
</table>

- DEA – PHE prescribing exception/allowed phone for suboxone for OUD
- HIPAA – OCR will not fine during this time

## State (Most Common Changes)

<table>
<thead>
<tr>
<th>Medicaid Issue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modality</td>
<td>Allowing phone</td>
</tr>
<tr>
<td>Location</td>
<td>Allowing home</td>
</tr>
<tr>
<td>Consent</td>
<td>Relaxed consent requirements</td>
</tr>
<tr>
<td>Services</td>
<td>Expanded types of services eligible</td>
</tr>
<tr>
<td>Providers</td>
<td>Allowed other providers such as allied health pros</td>
</tr>
<tr>
<td>Licensing</td>
<td>Waived some requirements</td>
</tr>
</tbody>
</table>

- Private payer orders range from encouragement to cover telehealth to more explicit mandates
- Relaxed some health information protections
STATE POLICIES
July –August 2020 - 31 states made permanent changes
- Most done through administrative channels, not legislation
- Not clear that all were done in response to COVID or had they been planned to be done before the pandemic
Several states adopted policy of telephone reimbursement in Medicaid but for narrow set of services (SC, TX, TN)
Clarified that home is an eligible originating site in Medicaid (SD, CO, UT)
Clarified policies around FQHCs/RHCs in Medicaid
  HI – FQHCs/RHCs eligible providers
  WV – Allowed psychiatrists and psychologists in FQHCs/RHCs to be eligible distant site providers
  WI – Allow full PPS rate reimbursement
2021 STATE TRENDS

- Mental health bills
- SUD bills
- Removing the telephone exclusion from existing definitions of telehealth or telemedicine
- Licensure bills
- Requirements on regulatory boards to address telehealth bills
- Also discussions on what to make permanent in Medicaid programs
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www.cchpca.org

info@cchpca.org